


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2008 8:00 am
Secretary of State

08-13-2008 90002 034 ***150.00

DOCUMENT # P03000140594	
1. Entity Name BRIAN BAKER PAINTING, INC.	

Principal Place of Business 8410 AGUA COVE LANE NORTH FORT MYERS, FL 33904	Mailing Address 8410 AGUA COVE LANE NORTH FORT MYERS, FL 33904
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2. Principal Place of Business - No P.O. Box # 8410 AGUA COVE LANE	3. Mailing Address 8410 AGUA COVE LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NORTH FORT MYERS FL	City & State NORTH FORT MYERS FL
Zip 33903	Country LEE



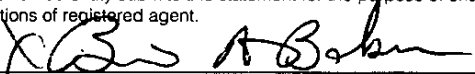
08062008 Chg-P CR2E034 (12/06)

4. FEI Number 87-0714615	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BAKER, BRIAN A 8410 AGUA COVE LANE NORTH FORT MYERS, FL 33904
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7. Name and Address of New Registered Agent Name BRIAN A BAKER Street Address (P.O. Box Number is Not Acceptable) 8410 AGUA COVE LANE City NORTH FORT MYERS FL Zip Code 33903
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 8/6/08 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))
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FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, BRIAN A 8410 AGUA COVE LANE NORTH FORT MYERS, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIAN A BAKER 8410 AGUA COVE LANE NORTH FORT MYERS FL 33903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
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SIGNATURE:  DATE 8/6/08 DAYTIME PHONE # 239-691-3024 (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
